



Public Bodies (Joint Working)(Scotland) Bill

Bill Number:	SP Bill 32
Introduced on:	28 May 2013
Introduced by:	Alex Neil MSP
Passed:	25 February 2014
Royal Assent:	01 April 2014

Passage of the Bill

The Public Bodies (Joint Working)(Scotland) Bill was introduced in the Parliament on 28 May 2013 by the Cabinet Secretary for Health and Wellbeing, Alex Neil MSP. The Health Committee was designated lead Committee on the Bill and issued a call for evidence on the general principles of the Bill which received 81 submissions. A summary of the evidence received was included in the [SPICe stage 1 briefing on the Bill](#).

The Committee took oral evidence on the Bill at its meetings on 3, 10, 17 and 24 September and 1 October 2013. It published its [stage 1 report](#) on 18 November 2013. Two visits were also undertaken by Committee members. On 23 September 2013, members of the Committee visited projects in Inverness, as guests of Highland Council and NHS Highland. On 30 September 2013, members visited West Lothian Council and the Lothian Centre for Independent Living.

Consideration of the Bill at stage 1 concluded with the [stage 1 debate](#) on 26 November 2013. Consideration of amendments at stage 2 took place at the Committee meetings on 21 and 28 January 2014.

Following the [stage 3 debate](#) on 25 February 2014, the Bill was passed and received Royal Assent on 1 April 2014.

Purpose and objectives of the Bill

The main policy objective of the Bill was to achieve greater integration in health and social care services in order to:

“...improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.” (Policy Memorandum, page 1)

Provisions of the Bill

The Bill proposed to require health boards and local authorities to create an integration plan for the local authority area. This will be required for adult services but other services may also be included. The integration plan would be required to detail which model of integration had been chosen. The Bill outlines two available models. These are:

- 1) The body corporate model, where the health board and local authorities would delegate functions to a joint board headed by a chief officer, and
- 2) The lead agency model, where local authorities and health boards can delegate functions to each other under the oversight of a joint monitoring committee.

Parliamentary consideration

The Health and Sport Committee accepted the need for the Bill but noted a number of concerns and made a number of recommendations at stage 1. These included:

- that the Minister set out in more detail the governance arrangements for the body corporate model
- concerns about the range of services that would be included within the new integrated partnerships, for example, no requirement for housing services and children’s services to be included
- calls for the Cabinet Secretary to consider ways of strengthening the role of carers and the third and independent sectors in the integration arrangements
- the need for a streamlined complaints system to be used across the integrated health and social care landscape

Many of the amendments at stages 2 and 3 were technical in nature, however, more notable amendments agreed to included:

- a requirement that , where an acute hospital serves two or more integration authority areas, each authority will be given an indicative share of the acute budget to direct (a 'set aside' budget).
- the inclusion of a process for the approval, modification and resubmission of integration plans, along with timescales
- requiring Ministers to consult with NHS Boards, local authorities and integrated joint boards before making an order that integration authorities can employ staff directly
- clarifying that liability may rest with either the integrated authority, the health board or the local authority rather than just the integrated body. This was intended to enshrine the principle of responsibility resting with control.

Significant amendments not agreed to included the requirement for an integrated complaints system and the need for third sector sign off on strategic plans.

At stage 3 there was another attempt to include a single point of entry for a complaints system. However this amendment was not agreed to following arguments from the Cabinet Secretary that a review of the social work complaints system was already underway and that any changes to the complaints system would need to be consulted on.